



BOULDER PRIMARY SCHOOL

200 Lane Street, Boulder WA 6432
Ph: (08) 9092 4100
Email boulder.ps@education.wa.edu.au
www.boulder.ps.wa.edu.au

(Office use only)

Year: _____ **Room:** _____
Faction: _____
Entry Date: _____
Birth Certificate Sighted: Yes No
Immunisation Records: Yes No

STUDENT ENROLMENT FORM

STUDENT NAME: _____

This enrolment form should be completed and returned to school as soon as possible.

When you enrol your child at this school, please check that you have attached the following:

- Birth certificate
- Identity documents (if applicable)
- Immunisation History Statement
- Proof of address
- Court order (if applicable)

If your child was not born in Australia, you must provide:

- Evidence of the date of entry into Australia;
- Passport or travel documents; and
- Current visa and previous visas (if applicable).

The Class year are you seeking to enrol in (mark one box)

- K Pre-P 1 2 3 4 5 6**

STUDENT DETAILS TO BE COMPLETED BY PARENT / GUARDIAN

Surname

Legal Surname

1st Name **2nd Name**.....

3rd Name **Preferred Name**.....

Date of Birth/...../..... Male Female

Home Address

Postcode

Home ☎

Is this student in the care of the Department for Community Development's (DCD) Chief Executive Officer? Yes No

If Yes please specify the name of the DCD Case Manager, their DCD District and their contact phone

.....

Is this student subject to any court order in respect of their care, welfare and development? Yes No

If Yes, please specify and attach supporting documentation

.....

Siblings First & Surname of any brother/s or sister/s enrolled at this school (including step-siblings)

.....
.....

Parent/Guardian/Carer Details

Child lives with: Both Parents Parent/Guardian/Carer 1 Parent/Guardian/Carer 2 Other

Person responsible for payment of Contribution & Charges Billing

Parent/Guardian/Carer1 Parent/Guardian/Carer2 Other – please specify

Emergency Contact (Indicate, by placing a number in the box, the order in which the following people will be contacted in an emergency)

Parent/Guardian/Carer1 Parent/Guardian/Carer2 Other contacts

Contact 1. This person will be the family mail marker and will be the 1st contact in an emergency.

Parent / Guardian / Carer 1 Details This is generally the person with whom the student will be living.

Relationship to Student eg. *Mother, Father, Step-parent, Aunt, Uncle, Grandparent etc.*

Title: Mr Mrs Miss Ms Other

Surname

1st Name

Mailing Address

(if different from above)

Occupation

Place of Work

Work

Mobile

Email

Do you mainly speak English at home? Yes No

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often. No English only Yes, other

What is the highest year of primary or secondary school you have completed?

What is the level of the highest qualification you have completed?

Year 12 or equivalent

Bachelor degree or above

Year 11 or equivalent

Advanced diploma/Diploma

Year 10 or equivalent

Certificate I to IV (including trade certificate)

Year 9 or equivalent or below

No non school qualification

What is your occupation group? (write 1, 2, 3, 4 or 8). Please select appropriate parental occupation group from the list provided on page 3 of this form. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter 8.

Contact 2. Relationship to Student eg. *Mother, Father, Step-parent, Aunt, Uncle, Grandparent etc.*

Parent / Guardian / Carer 2 Details

Title: Mr Mrs Miss Ms Other

Surname

1st Name

Mailing Address

(if different from above)

Occupation

Place of Work

Work

Mobile

Email

Do you mainly speak English at home? Yes No

Do you speak a language other than English at home? (If more than one language, indicate the one that is spoken most often. No English only Yes, other

What is the highest year of primary or secondary school you have completed?

What is the level of the highest qualification you have completed?

Year 12 or equivalent

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Year 11 or equivalent

Advanced diploma/Diploma

Year 10 or equivalent

Certificate I to IV (including trade certificate)

Year 9 or equivalent or below

No non school qualification

What is your occupation group? (write 1, 2, 3, 4 or 8). Please select appropriate parental occupation group from the list provided on page 3 of this form. If you are not currently in paid work, but have had a job in the last 12 months, please use your last occupation. If you have not been in paid work in the last 12 months, enter '8' above.

Contact 3. Relationship to eg. Aunt, Uncle, Grandparent, Neighbour, a separated parent, etc.
 Other Contact Student
 Details Title: Mr Mrs Miss Ms Other
 Surname 1st Name
 Occupation
 Address
 Home ☎ Mobile ☎ Work ☎

Parental Occupation Groups

<u>GROUP 1</u>	<u>GROUP 2</u>	<u>GROUP 3</u>	<u>GROUP 4</u>
Senior management in large business organisation, government administration & defence, and qualified professionals	Other business managers, arts/media/sportspersons and associate professionals	Tradesmen/women, clerks and skilled office, sales and service staff	Machine operators, hospitality staff, assistants, labourers and related workers

Religion (optional) Is the student to be withdrawn from religious instruction?

Does the student mainly speak English at home? Yes No
 (If no, please state language)

Indigenous Status Not Aboriginal Aboriginal Torres Strait Islander
 (If both Aboriginal & Torres Strait Islander please tick both boxes)

Medical Details

Does the student have a disability? Yes No If yes, please specify details

*Please indicate if you have documentation about your child's disability in any of the following areas. (Copies of documentation will be required for school records).

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Severe Mental Disorder | <input type="checkbox"/> Deaf or Hard of Hearing |
| <input type="checkbox"/> Global Development Delay (prior to age 6) | <input type="checkbox"/> Specifics Speech Language Impairment | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability | |

Name of Medical Practice

Medical Practice Address

Name of Usual Doctor

Telephone No.

Permission to call Doctor YES NO Permission to administer First Aid YES NO

Do you have Ambulance Cover YES NO (If there is an emergency, parents/guardians are expected to meet the cost of the ambulance)

Medicare No. Expiry..... Health Care Card YES NO Health Care No

Permission to call Dentist YES NO

IN THE FOLLOWING TABLE, PLEASE LIST ANY HEALTH CARE CONDITIONS/NEEDS FOR WHICH YOUR CHILD REQUIRES SUPPORT AT SCHOOL THEN REQUEST ONE OR MORE OF THE FOLLOWING PLANS REQUIRED TO SUPPORT YOUR CHILD AT SCHOOL:				
<ul style="list-style-type: none"> A STANDARDISED PLAN FOR COMMON CONDITIONS (E.G. ANAPHYLAXIS, ALLERGIES, SEIZURES, DIABETES, ASTHMA, ACTIVITIES OF DAILY LIVING SUCH AS PEG FEEDING); A GENERIC PLAN FOR OTHER LESS COMMON HEALTH CONDITIONS; AN ADMINISTRATION OF MEDICATION PLAN: SHOULD BE COMPLETED IF THE MEDICATION YOU REQUIRE TO BE ADMINISTERED AT SCHOOL HAS NOT BEEN INCLUDED IN A STANDARDISED OR GENERIC PLAN E.G. SHORT TERM USE OF ANTIBIOTICS; AND/OR A PLAN PROVIDED BY MEDICAL PRACTITIONER. 		MEDIC ALERT	STANDARDISED PLAN COMPLETED AND ATTACHED	SPECIFIC TRAINING REQUIRED TO SUPPORT THE STUDENT
SEVERE ALLERGY ANAPHYLAXIS (FORM 4)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
MINOR & MODERATE ALLERGIES (FORM 5)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
DIABETES (FORM 6)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
SEIZURES (FORM 7)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
ASTHMA (FORM 8)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
EMERGENCY RESPONSE PLAN FOR STUDENTS WITH SPECIAL NEEDS (FORM 10)	<input type="checkbox"/>	<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Citizenship Australian Other (please specify)
In which **country** was the student born? Australia Other

Permanent Resident YES NO **Temporary Resident** YES NO

Visa Sub Class Number Visa Sub Class Number
Visa Expiry Date Visa Expiry Date
Date Entered Australia Date Entered Australia

Out of school zoned area Yes No

School attended before enrolling at Boulder Primary School

Date Left Reason for Leaving

Department of Education's Media/Viewing Consent

The Department of Education's Information Privacy and Security Policy requires schools to gain parental/guardian permission before using visual images of students such as photographs/videos outside the school environment.

I agree to the school capturing images of my child during school activities for use in educating students, promoting the school and promoting public education. I also agree to the publication (electronic and/or print) of images and/or samples of my child's work in a range of ways including, but not limited to, websites, intranet sites, school newsletters (print and online) and magazines. Yes No

Children often watch videos/DVDs/television documentaries as part of their learning. Almost always these are 'G' rated and don't require consent. Very occasionally something with a 'PG' rating is appropriate for which we would need parental permission.

- Yes, I consent to my child viewing items with a 'PG' rating if deemed suitable by the teacher and school administration.
- No, I do not give consent.

BOULDER PRIMARY SCHOOL INTERNET USERS AGREEMENT (Years Kindy – 6)

Parents please take the time to explain these conditions to your children.

- 1) I understand that Internet usage has been provided by the school to provide access to curriculum related material and I will not use school equipment or the School account to access material that is not for that purpose.
- 2) I will use the school computer only with the permission of a teacher.
- 3) I will use material from Internet sites or other sources only if I have permission to do so.
- 4) I will not let anybody else know my password.
- 5) I am aware that copying material from the Internet can infringe copyright laws. I will not copy or distribute material unless I have the author's permission.
- 6) I will not use Chat or any other social media websites on the Internet.
- 7) I will not reveal personal information, including names, addresses, photographs, credit card details and telephone numbers of myself or others.
- 8) I will not damage or disable the computers, computer systems or computer networks of the school, the Department of Education or any other organisation.
- 9) I am aware of the Student Internet Usage Policy and I will abide by the policy guidelines.

I have read the Internet User's Agreement and accept the conditions laid down by the school.

Student Signature **Date**

I give permission for my child to use the Internet and will assist the school to maintain this Agreement and the Student Internet Usage Policy.

Parent/Guardian Name Parent Signature Date

Name of person enrolling student

Relationship to student

Signature

Date/...../.....